

## IL to NF (Long Term Stay – Spenddown Met)

The IL base period is shortened to end the month of entrance into the NF (except for Spousal Impoverishment cases). Long term care budgeting begins the month following the month of entrance. You must determine if the existing spenddown has been met. You may need to access information in the MMIS system to find out. If the spenddown is met, you can approve payment to the nursing facility with no patient liability.

### Example

Evelyn Gardner has a spenddown of \$780 for March to August. She met her spenddown with health insurance premiums and a few provider billed claims. She enters the nursing facility on 5/12 for a permanent stay.

### Before Taking Action On KAECSSES

- Make sure she meets the NF level of care.

### May Benefit Month

- Access **SPEN** and shorten the base to end the month of entrance into the NF. In Evelyn's case, the IL base period is March through May.
- Adjust the expenses listed on **MEEX** accordingly.
- Authorize the case in order for the new spenddown information to go to the fiscal agent with the daily file.
- Approve care home payment by updating the **LOT**C screen. The NF living arrangement and appropriate NF level of care is entered effective 5/12. The patient liability for the first month is \$0.00, since the spenddown is met. Make sure you screen-print the **LOT**C screen for the case file.
- Send appropriate notices to the consumer and the facility.
- The consumer's address on the **ADDR** screen must be updated for system generated facility notices to be sent correctly.

### June Benefit Month

- Access **SEPA** and add the **AC** program subtype.
- Adjust the coding on **PICK** accordingly.
- Determine the on-going patient liability.
- Update the expenses detailed on **MEEX** as appropriate.
- Enter the **Y** in the cost of care field (if appropriate) and authorize **SPEN**.
- Update **LOT**C with the on-going patient liability amount and the new effective date. Make sure you screen-print the **LOT**C screen for the case file. Based on Evelyn's income of \$625 each month she has an on-going liability of \$563.
- Send appropriate notices to the consumer and the facility.

## IL to NF (Long Term Stay - Spenddown Met) Spousal Impoverishment Situation

In the case of married individuals, the IL base period is shortened to end the month prior to the month of entrance into the nursing facility. Spousal Impoverishment provisions and long term care budgeting apply in the month of entrance to the nursing facility.

### **NOTE:**

- ✓ To apply spousal impoverishment provisions, the couple will need to sign the applicable intent to divide resources and allocate income forms.
- ✓ The action you take on this type of case can vary based on who is listed as **PI** on the open IL case.
  - If the nursing facility spouse is **PI** on the open IL case, follow the instructions below. Make sure you open a new case number and keep medical assistance in place for the community spouse if she meets MS criteria.
  - If the community spouse is **PI** on the open IL case, a new case number is necessary for the long term care spouse's nursing facility assistance.

### **Example: (NF Spouse Is The PI On The IL Case)**

Stilwell Horn and his wife, Darling, have an IL spenddown for January to June. They met their spenddown immediately with a large due and owing bill. Stilwell enters the nursing facility on 4/20 for a permanent stay.

### **Before Taking Action On KAECSSES**

- Verify that Stilwell meets the NF level of care.
- Complete the division of resources and implement the resource allowance, if applicable.
- Determine if the couple is eligible for any allocation of income.

### **March Benefit Month**

- Access **SPEN** and shorten the IL base period to end the month prior to the month the spouse entered the NF. For Stilwell and Darling, the IL base period is shortened to January through March.
- Determine the new IL spenddown amount for the shortened base period.
- Adjust the expenses listed on **MEEX** accordingly.
- Authorize the case in order for the shortened spenddown information to be sent to the MMIS system with daily file.
- Send notices to the consumer and their spouse about the shortened base period.

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### April Benefit Month

- Access **SEPA** and add the **AC** program subtype. Code the community spouse **OU** for participation on the open case. Make sure that a new case number is assigned to the spouse and IL eligibility determined, if they meet the general eligibility criteria.
- Adjust the coding on **PICK**, as appropriate.
- Code any income allocation being provided to the community spouse on the **EXNS** screen. Make sure you do this on the medical budget, not the prospective screen!
- Determine the patient liability and allow any applicable medical expenses on the **MEEX** screen.
- Be sure the **Y** is on the cost of care field on **SPEN**, if appropriate, and authorize the case.
- Update **LOTG** with the NF living arrangement and the appropriate nursing facility level of care effective 4/20. Make sure you screen-print the **LOTG** screen for the case file.
- Send notices to the consumer and facility.
- Update the consumer's address on the **ADDR** screen in order for system generated facility notices to be correctly sent.

### Example: (Community Spouse Is The PI On The IL Case)

#### Differences:

- ✓ The IL base period is **not** shortened. The community spouse is the **PI** and will remain IL budgeted on the open case number.
- ✓ The long term care spouse is coded **OU** on **SEPA** in the month of entrance to the nursing facility.
- ✓ A separate case number is obtained and a nursing facility case is established for the long term care spouse in the month of entrance. Stilwell entered the NF 4/20, important information from the open IL case is copied and placed in the case file for his new case number.
- ✓ Spousal impoverishment provisions apply the month of entrance to the NF. Income can be allocated to the community spouse, but must be counted as unearned income on her IL case.

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## IL to NF (Temporary Stay - Spenddown Unmet)

Before NF payment can be approved, you must verify that the cost of care exceeds the consumer's remaining spenddown.

The facility cost of care can be determined by using the MMIS system to find the NF's daily rate. You then multiply the daily rate by the number of days the consumer is expected to stay in the facility. The MMIS training, to be provided by fiscal agent staff, will show you how to search for nursing facility provider information in the new MMIS.

In the new process, the remaining spenddown reflected on KAECSSES does not correspond to the remaining spenddown amount shown in the interChange MMIS system. You must manually perform some calculations to determine the remaining spenddown amount that will be assigned as the patient liability.

To calculate the NF patient liability and assure it is less than the cost of care, you first look at the remaining spenddown reflected on KAECSSES. Then, you look at the **Spenddown Claims window** in MMIS for claims with no potential for provider payment (PPP). On paper, subtract these claims from the KAECSSES remaining spenddown amount to see the NF patient liability.

If the NF cost of care is greater than the calculated remaining spenddown, payment to the facility can be approved. If not, payment cannot be approved until the spenddown is met.

### **NOTES:**

- ✓ It's a good idea to hold off processing these types of changes until the consumer has been in the facility long enough to satisfy their out-of-pocket expense for the temporary stay.
- ✓ Sometimes this process will require beneficiary billed claims on the MMIS system to be voided. Instructions for this process will be provided in the MMIS system training, to be provided by fiscal agent staff.
- ✓ The procedure for this process contains one of the limited exceptions to the "Only four things are entered on **MEEX**" rule discussed earlier.

### **Example: (Approving NF Payment)**

Annie Savoy enters the nursing facility for temporary stay on March 5th. She has a total spenddown of \$600 for the months of January through June. A due and owing bill of \$50 has been allowed on KAECSSES leaving a remaining spenddown of \$550 on KAECSSES. The nursing home verifies that Annie is expected to remain at the facility for 30-60 days.

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### Before Taking Action On KAECSSES

- Verify Annie meets the NF level of care.
- Inquire into the MMIS system and find the NF daily rate. For Annie, the facility's daily rate is \$100.00. Calculate that Annie's estimated cost of care for the month of March alone would be \$2,700 (daily rate x number of days in the NF).
- Inquire into the MMIS to see what claims have been applied to the spenddown. In Annie's case, you find the following claims have been applied to the spenddown through the provider and beneficiary billing processes.

Date of Service	MMIS Processing Date	Amount	Claim Type and PPP Indicator
1/10	1/10	\$200.00	PB/PPP = Y
2/5	2/25	\$250.00	BB/PPP = N
2/8	2/8	\$10.00	PB/PPP = N

- Annie's remaining spenddown on KAECSSES is \$550 and by subtracting the \$260 in claims which have no potential for provider payment that leaves \$290 remaining. You are assured that Annie's cost of care at the facility in March is much greater than the \$290 remaining.

### March Benefit Month

- In the MMIS system, void the beneficiary billed claim with the 2/5 date of service. This changes the remaining spenddown amount on MMIS to \$340.
- Access the **MEEX** screen. Allow the \$250 voided beneficiary billed claim and the \$10 provider billed claim with no potential for provider payment (this is one of the limited exceptions to the four things on **MEEX** rule). This reduces the remaining spenddown on KAECSSES to \$290. Enter \$290 in nursing facility charges on **MEEX** reducing the spenddown to \$0.00.
- Authorize the case so the information is sent to the MMIS with the daily file.
- Update **LOT**C to reflect the **TC** living arrangement and appropriate NF level of care effective 3/5. The patient liability is \$290 for March. Make sure you screen-print the **LOT**C screen for the case file and press Enter or F1 to update the screen.
- Go back to **LOT**C and update the patient liability to \$0.00 for the month of April. Make sure you screen-print the **LOT**C screen for the case file and press Enter or F1 to update the screen.
- Send notices to Annie about meeting her spenddown and about her NF patient liabilities. Send a notice to the facility about the patient liabilities. The consumer's address on the **ADDR** screen must be updated for system generated facility notices to be mailed correctly.
- An alert is set on the **WOAL** screen for mid-May, to monitor if Annie will leave the facility by the end of the month. Temporary stays cannot exceed the month of entrance and two following months. If she is not expected to be discharged, NF budgeting will begin in June and the base period would have to be shortened. Continue with this example to see more details on this process.

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## Temporary Stay Becomes Long Term

The IL base period is shortened to end the last month of the temporary stay, and long term care begins the following month. This could change the patient liability amount that was previously determined for the temporary stay. A retroactive patient liability change is possible. **(Instructions regarding the retroactive patient liability process is discussed in another section of this training.)**

### Example continued...

Continuing with Annie's scenario, we find out mid-May (when we check our alert) that Annie is not leaving the NF and will be staying longer than expected.

#### May Benefit Month

- Shorten the IL base to end in the last month of the temporary stay on the **SPEN** screen. Annie's IL base period ends in May.
- Review the **MEEX** screen and make any necessary adjustments. In Annie's case, her total spenddown goes from \$600 to \$500. This changes her patient liability amount to \$190 rather than \$290, and the NF charges listed on **MEEX** are adjusted accordingly.
- Authorize the case so that the reduced spenddown amount will be sent to the MMIS system with the daily file.
- Update the patient liability amount on **LOTIC** to the new amount. Make sure you screen-print the **LOTIC** screen for the case file. This change is a retroactive patient liability change and those procedures should be followed.
- Send Annie appropriate notices about the reduced spenddown and change in patient liability for March. Send the facility a notice about the patient liability change effective for March.

#### June Benefit Month

- Add the **AC** program subtype to the **SEPA** screen.
- Adjust the coding on **PICK**, if appropriate.
- Allow any medical expenses on **MEEX**, if necessary.
- Determine the patient liability and authorize the case.
- Update **LOTIC** to reflect the **NF** living arrangement and appropriate NF level of care effective June 1<sup>st</sup>. Enter the new patient liability effective June. Make sure you screen-print the **LOTIC** screen for the case file.
- Make sure **ADDR** is up-to-date and send appropriate notices to Annie and the nursing facility.

## IL to NF Temporary Stay, Continued

### Example: (NF Payment Not Approved)


Betty Horn has a spenddown of \$2,400 for the months of March to August. The worker receives an MS-2126 requesting NF payment. It indicates Betty was admitted to a nursing facility on 4/24 and was discharged on 5/4.

### Before Taking Action On KAECSSES

- Make sure the consumer meets the NF level of care. In Betty's case she was there less than 30 days, so a level of care determination is not required.
- Use your MMIS access, determine the facility's daily rate. The facility Betty was in has a daily rate of \$100 per day in this scenario.
- Multiply the daily rate by the number days the consumer was in the facility to determine the NF cost of care. Betty's cost of care is  $\$100 \times 10 \text{ days} = \$1,000$ .
- Compare this to the remaining spenddown amount reflected on KAECSSES, and subtract any expenses listed in the MMIS with a potential provider payment (PPP) indicator of **N**. Betty's remaining spenddown on KAECSSES is \$2,400 and no claims on the MMIS system have a PPP indicator of **N**.
- Betty's patient liability amount would then be \$2,400, however, this is not less than the total cost of care at the NF. Payment cannot be approved to the NF at this time since Betty has not satisfied her spenddown.

### Current Benefit Month

- Allow the nursing facility charges Betty incurred on the **MEEX** screen to reduce the spenddown for the March to August base period.
- Send appropriate notices to Betty regarding the inability to approve care home payment and her remaining spenddown amount. A notice or contact to the facility to explain the inability to approve payment is recommended.

 **NOTE:** It is possible in some situations that care home payment was initially denied, but the consumer ended up staying in the facility longer than initially expected. The lengthier stay would increase the NF cost of care and the situation should be re-evaluated to see if payment is possible.

## IL to NF (Temporary Stay - Spenddown Met)

The consumer has satisfied their out-of-pocket expenditures for the six-month base period, therefore payment for the temporary stay can be approved.

### Example

Crash Davis has met his spenddown of \$1,200 for the base period of January through June. March 18<sup>th</sup>, Crash enters a nursing facility to rehabilitate from injuries he received in a fall. The stay is considered temporary, since the nursing facility indicates he is expected to remain for 30-60 days.

### Before Taking Action On KAECSSES

- Verify that the consumer meets the NF level of care. In this case, Crash was considered eligible.

### March Benefit Month

- **LOT**C is coded for payment to the nursing facility for the temporary stay. The **TC** living arrangement and the appropriate NF level of care are used. Crash does not have a patient liability for the temporary stay months of March, April, or May, since he has met his spenddown. Make sure you screen-print the **LOT**C screen for the case file.
- An alert is set on the **WOAL** screen for mid-May, to monitor if Crash will leave the facility by the end of the month. Temporary stays cannot exceed the month of entrance and two following months.
- Appropriate notices are sent to Crash and the nursing facility. The consumer's address on the **ADDR** screen must be updated in order for system facility notices to be sent to the correct address.

### May Benefit Month

The worker follows up on the alert to see if Crash will be discharged by the end of the month. If he is not expected to be, NF budgeting will begin in June and the base period would have to be shortened. You can follow along with our example on the next page for more details on this process.



## The Temporary Stay Becomes Long Term

The IL base period is shortened to end the last month of the temporary stay, and long term care begins the following month.

### Example

The worker receives their **WOAL**, and checks with the facility to see if Crash Davis is expected to be released by the end of the month. The facility verifies that Crash is not progressing as well as expected. He will not be able to return home by the end of the month.

### May Benefit Month

- Shorten the IL base period to end in the last month of the temporary stay on the **SPEN** screen. In this example, Crash's IL base period ends in May.
- Review the **MEEX** screen. Make any necessary adjustments to **MEEX** (now that the IL spenddown amount is reduced). Crash met his spenddown with all provider billed claims, therefore no adjustments are necessary.
- Authorize the case so that the reduced spenddown amount will be sent to the MMIS system with the daily file.
- Send Crash notice of the reduced spenddown amount.

### June Benefit Month

- Add the **AC** program subtype to the **SEPA** screen.
- Adjust the coding on the **PICK** screen, if applicable.
- Review the **MEEX** screen and make any necessary adjustments or allowances.
- Determine the on-going nursing facility patient liability.
- Update **LOTIC** with the NF living arrangement and the appropriate NF level of care effective June 1. Update the patient liability with the new amount with a June effective date. Make sure you screen-print the **LOTIC** screen for the case file.
- Appropriate notices are sent to Crash and the nursing facility.

## IL to NF (Long Term Stay - Spenddown Unmet)

The IL base period is shortened to end the month of entrance into the NF (except for Spousal Impoverishment cases). Long term care budgeting begins the month following the month of entrance. You must determine if the existing spenddown has been met. You may need to access information in the MMIS system to find out. If the spenddown is unmet, any patient liability the consumer must pay can be used to meet the spenddown. The amount of the patient liability is based on the remaining spenddown and expenses already submitted for the base period. Before NF payment can be approved for the month of entrance, you must verify that the cost of care exceeds the consumer's remaining spenddown.

The cost of care for the month of entrance can be determined by using the MMIS system to find the NF's daily rate. This daily rate is multiplied by the number of days the consumer was residing in the facility that month. The MMIS training, to be provided by fiscal agent staff, will show you how to search for nursing facility provider information in the new MMIS.

In the new process, the remaining spenddown reflected on KAECSSES does not correspond to the remaining spenddown amount shown in the interChange MMIS system. You must manually perform some calculations to determine the remaining spenddown amount that will be assigned as the patient liability for the month of entrance.

To calculate the NF patient liability and assure it is less than the cost of care, you first look at the remaining IL spenddown reflected on KAECSSES. Then, you look at the Spenddown Claims window in MMIS for claims with no potential for provider payment (PPP). On paper, subtract these claims from the KAECSSES remaining spenddown amount to see the NF patient liability.

- If the NF cost of care is greater than the calculated remaining spenddown, payment to the facility can be approved for the initial month.
- If the NF cost of care is **not** greater, then the calculated remaining spenddown, payment cannot be approved for the month of entrance until the spenddown is met. The cost of the nursing facility is allowed on the MEEX screen to reduce the spenddown.

### Example: (Approving Care Home Payment For Initial Month)

Doris Murphy has an unmet spenddown for January to June. Doris has a heart attack while cheering and her granddaughter's championship softball game. She enters the nursing facility on 4/20 for a permanent stay. Doris' total income is \$740 each month.

### Before Taking Action On KAECSSES

- Verify that Doris meets the NF level of care.
- Locate the daily rate for the nursing facility in the provider subsystem in the MMIS. In Doris' case, it is \$100 per day.

### April Benefit Month

- Access **SPEN** and shorten the IL base period to end the month of entrance into the nursing facility. In Doris' case, her IL base is now January to April.
- Determine the new spenddown amount for the shortened base period. Doris' new four-month spenddown is \$980.
- Review the **MEEX** screen and make any necessary adjustments.
- Find out the remaining spenddown amount reflected on KAECSSES. Doris' remaining spenddown on KAECSSES is \$980.
- Inquire into the MMIS system (Spenddown Claims window) and determine if there are any claims for January to April with a potential provider payment (PPP) indicator of **N**.
  - **Beneficiary billed claims** always have a PPP indicator of **N**. Void any beneficiary billed claims in the MMIS that have January to April dates of service. Enter these voided claims on the **MEEX** screen in the shortened base period. In Doris' scenario, she has one beneficiary billed claim of \$285 for eyeglasses she received from a non-Medicaid provider. This claim is voided and the \$285 is entered on **MEEX** reducing the remaining spenddown to \$695 on KAECSSES.
  - **Provider billed claims** may have a PPP indicator of **Y** or **N**.
    - If the PPP indicator is **Y**, leave the claim alone.
    - If the PPP indicator is **N**, leave the claim alone in the MMIS. However, enter the amount of the expense on the **MEEX** screen to give the consumer credit for the amount they are responsible to pay out of pocket. In Doris' case she has no provider billed claims with a PPP indicator of **N**, so her remaining spenddown on KAECSSES remains \$695.
- Calculate the NF cost of care for the month of entrance. Since Doris entered the facility on April 20<sup>th</sup>, her cost of care is \$1,000 (\$100 per day x 10 days). You are assured that Doris' cost of care is greater than her remaining spenddown of \$695.
- Enter the patient liability on **MEEX** to meet the shortened spenddown. For Doris, the patient liability of \$695 is entered for January to April. Authorize the case in order for the information to be sent to the MMIS system with the daily file.

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- Update **LOT**C with the NF living arrangement and appropriate nursing facility level of care effective 4/20. Enter the patient liability (\$695) and effective date (April). Make sure you screen-print the **LOT**C screen for the case file.
- Send notices to the consumer about the shortened spenddown, care home approval, and liability amount. Send a notice to the facility regarding care home payment approval and liability amount. The consumer's address on the **ADDR** screen must be updated for system generated facility notices to mail correctly.

### May Benefit Month

- Access **SEPA** and enter the program subtype of **AC**.
- Adjust the coding on **PICK** accordingly.
- Determine the patient liability amount for the one-month base.
- Adjust expenses on **MEEX**, as appropriate.
- Enter a **Y** in the cost of care field, if appropriate, on the **SPEN** screen and authorize the case. This transmits the information to the MMIS with the daily file. Update **LOT**C with the new patient liability amount and effective date. In Doris' case, her NF obligation is **\$678**. Make sure you screen-print the **LOT**C screen for the case file.
- Send appropriate notices to the consumer and the facility about the change in patient liability.

### **NOTE:**

- ✓ How to void beneficiary billed claims is something you will learn to do in MMIS system training, to be provided by fiscal agent staff.
- ✓ The procedure for this process contains one of the limited exceptions to the "Only four things are entered on **MEEX**" rule discussed earlier in training.

### **Example: (Payment For Initial Month Not Approved)**

Doris Murphy has an unmet spenddown for January to June. Doris has a heart attack while cheering and her granddaughter's championship softball game. She enters the nursing facility on **4/28** for a permanent stay. Doris' total income is \$740 each month.

### **Before Taking Action On KAECSSES**

- Verify that Doris meets the NF level of care.
- Locate the daily rate for the nursing facility in the provider subsystem on the MMIS. In Doris' case, it is \$100 per day.

### **April Benefit Month**

- Access **SPEN** and shorten the IL base period to end the month of entrance into the nursing facility. In Doris' case, her IL base is now January to April.
- Determine the new spenddown amount for the shortened base period. Doris' new four-month spenddown is \$980.
- Review the **MEEX** screen and make any necessary adjustments.
- Find out the remaining spenddown amount reflected on KAECSSES. Doris' remaining spenddown on KAECSSES is \$980.
- Inquire into the MMIS system (Spenddown Claims window) and determine if there are any claims for January to April with a potential provider payment (PPP) indicator of **N**.

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- **Beneficiary billed claims** always have a PPP indicator of **N**. Void any beneficiary billed claims in the MMIS that have January to April dates of service. Enter these voided claims on the **MEEX** screen in the shortened base period. In Doris' scenario, she has one beneficiary billed claim of \$285 for eyeglasses she received from a non-Medicaid provider. This claim is voided and the \$285 is entered on **MEEX** reducing the remaining spenddown to \$695 on KAECSSES.
- **Provider billed claims** may have a PPP indicator of **Y** or **N**.
  - If the PPP indicator is **Y**, leave the claim alone.
  - If the PPP indicator is **N**, leave the claim alone in the MMIS. However, enter the amount of the expense on the **MEEX** screen to give the consumer credit for the amount they are responsible to pay out of pocket. In Doris' case she has no provider billed claims with a PPP indicator of **N**, so her remaining spenddown on KAECSSES remains \$695.
- Calculate the NF cost of care for the month of April. Since Doris entered the facility on the 28<sup>th</sup>, her cost of care is \$300 (\$100 per day x 3 days). The cost of care is not greater than the remaining spenddown, so care home payment cannot be approved for the initial month.
- Care home charges are allowable against a spenddown, so you enter them on the **MEEX** screen to reduce the remaining spenddown for January to April.
- Authorize the case in order for the information about the reduced spenddown to be sent to the MMIS system with the daily file.
- Send notices to the consumer about the shortened spenddown and care home payment denial for initial month. A notice to the facility about payment denial for the initial month is also recommended. The consumer's address on the **ADDR** screen must be updated for a system generated facility notice to mail correctly.

### May Benefit Month

- Access **SEPA** and enter the program subtype of **AC**.
- Adjust the coding on **PICK** accordingly.
- Determine the patient liability amount for the one-month base.
- Adjust expenses on **MEEX**, as appropriate.
- Enter a **Y** in the cost of care field, if appropriate, on the **SPEN** screen and authorize the case for the information to transmit to the MMIS with the daily file.
- Update **LOTG** with the nursing facility living arrangement and level of care effective 4/28 (4/28 is used because that will exempt the consumer from Medicaid co-pays). The patient liability amount and effective date are also entered. Make sure you screen-print the **LOTG** screen for the case file. In Doris' case, her NF obligation is \$678 for the month of May. Send appropriate notices to the consumer and the facility about care home approval and the patient liability amount.

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### IL to NF (Long Term Stay - Spenddown Unmet) Spousal Impoverishment Situation

In the case of married individuals, the IL base period is shortened to end the month prior to the month of entrance into the nursing facility. Spousal Impoverishment provisions and long term care budgeting apply in the month of entrance to the nursing facility.

#### **NOTE:**

- ✓ To apply spousal impoverishment provisions, the couple will need to sign the applicable intent to divide resources and allocate income forms.
- ✓ The action you take on this type of case can vary based on who is listed as **PI** on the open IL case.
  - If the nursing facility spouse is **PI** on the open IL case, follow the instructions below. Make sure you open a new case number and keep medical assistance in place for the community spouse if she meets MS criteria.
  - If the community spouse is **PI** on the open IL case, a new case number is necessary for the long term care spouse's nursing facility assistance.

#### **Example: (NF Spouse Is The PI On The IL Case)**

Dottie Hinson and her husband, Bob, have an IL spenddown for February to July which is not met. Bob enters the nursing facility on 3/15 for a permanent stay.

#### **Before Taking Action On KAECSSES**

- Verify that Bob meets the NF level of care.
- Complete the division of resources and implement the resource allowance, if applicable.
- Determine if the couple is eligible for any allocation of income.

#### **February Benefit Month**

- Access **SPEN** and shorten the IL base period to end the month prior to the month the spouse entered the NF. For Dottie and Bob, the IL base period is shortened to a one-month base (February).
- Determine the new IL spenddown amount for the shortened base period.
- Adjust the expenses listed on **MEEX** accordingly.
- Authorize the case in order for the shortened spenddown information to be sent to the MMIS system with daily file.
- Send notices to the consumer and the spouse about the shortened base period.

## March Benefit Month

- Access **SEPA** and add the **AC** program subtype. Code the community spouse **OU** for participation on the open case. Make sure that a new case number is assigned to the spouse and IL eligibility determined, if they meet the general eligibility criteria.
- Adjust the coding on **PICK**, as appropriate.
- Code any income allocation being provided to the community spouse on the **EXNS** screen. Make sure you do this on the medical budget, not the prospective screen!
- Determine the patient liability and allow any applicable medical expenses on the **MEEX** screen.
- Be sure the **Y** is on the cost of care field on **SPEN** (if appropriate) and authorize the case.
- Update **LOTG** with the NF living arrangement and the appropriate nursing facility level of care effective 3/15. Make sure the LOTG screen is screen-printed for the case file.
- Send notices to the consumer and facility. The consumer's address on the **ADDR** screen must be updated in order for system generated facility notices to be correctly sent.

### Example: (Community Spouse Is The PI On The IL Case)

Dottie Hinson and her husband, Bob, have an IL spenddown for February to July which is not met. Bob enters the nursing facility on 3/15 for a permanent stay.

### Differences:

- ✓ The IL base period is **not** shortened. The community spouse is the **PI** and will remain IL budgeted on the open case number.
- ✓ The long term care spouse is coded **OU** on **SEPA** in the month of entrance to the nursing facility.
- ✓ A separate case number is obtained and a nursing facility case is established for the long term care spouse in the month of entrance. Bob entered the NF 3/15, important information from the open IL case is copied and placed in the case file for his new case number.
- ✓ Spousal impoverishment provisions apply the month of entrance to the NF. Income can be allocated to the community spouse, but must be counted as unearned income on her IL case.

## HCBS & NF Closures

HCBS & NF cases can close for a variety of reasons such as:

- Death of consumer
- Consumer moves out of state
- Consumer decides they no longer want Medicaid assistance

**When closing a case due to a consumer's death:**

- ✓ Code **SSDO** with the date of death (Incorrect or missing date of death can cause billing problems)
- ✓ Update **LOT** screen with appropriate dates and coding. If you have an HCBS or NF case, **update LOT coding to reflect NO/NA effective the day after death**. This allows the HCBS provider to be paid on the date of death if services were provided or for any pharmacy bills to be paid if in the nursing facility.
- ✓ Close case by authorizing the MSED or SIED screen.
- ✓ Send appropriate notices to the consumer/consumer's family, HCBS casemanager or Nursing Facility.
- ✓ Notify ERU/HMS via e-mail of consumer's death. Include the following information in your e-mail.
  - ❖ Consumer's name
  - ❖ Date of Birth/Date of Death
  - ❖ Case Number
  - ❖ Responsible Person (surviving spouse, guardian, children)
  - ❖ Where consumer resided (in own home, apartment, assisted living, nursing facility)
  - ❖ Resources (type, amount)
  - ❖ Funeral home handling arrangements

Document closure of case in log.